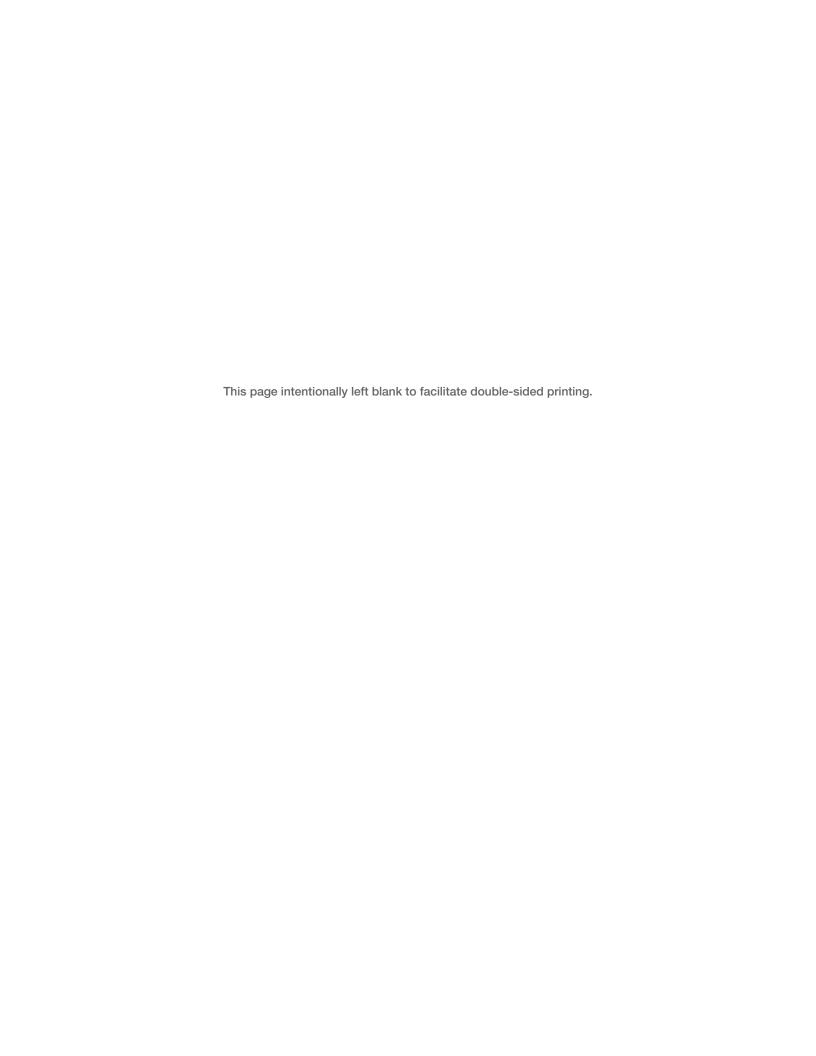


What You Need to Know About



Changing Your Beneficiary or Monthly Benefit after Retirement



#### TABLE OF CONTENTS

Introduction	3
Post Retirement Lump Sum Death Benefits  Post Retirement Lump Sum Death Benefits  Lump Sum Death Benefit Beneficiary.  Events Affecting Post Retirement Lump Sum Death Benefits  Changing Your Beneficiary.  Naming Multiple Beneficiaries	5 5
Changing Your Beneficiary for Lump Sum Benefits	7
Naming Your Beneficiary	7
Completing a Post Retirement Lump Sum Beneficiary Designation Required Signatures	
Post Retirement Lump Sum Beneficiary Designation Form	
Justification for Absence of Spouse's or Domestic Partner's	
Signature Form	11
Post Retirement Monthly Benefits	13
Monthly Benefit Options	13
Survivor Continuance	14
Changing Your Retirement Option or Life	
Option Beneficiary	
Qualifying Events	
How To Change Your Option or Life Option Beneficiary	
Effective Date for Your Retirement Option Change	
Insurance Coverage for Your New Spouse or Domestic Partner	18
Application to Modify Option and/or Life Option	
Beneficiary Form	19
Requesting an Option 2 or 3 Pop-Up Increase	
Eligibility	
Pop-Up Effective Date	
Request for Option 2 or 3 Pop-Up Increase Form	23
Become a More Informed Member	25
CalPERS On-Line	25
Reaching Us By Phone	25
mylCalPERS2	25
CalPERS Education Center	
Visit Your Nearest CalPERS Regional Office	26
Information Practices Statement	27

#### INTRODUCTION

#### Life Events Impacting Your Retirement and Death Benefits

After you have retired, your life circumstance may change. You may want to change your beneficiary for lump sum death benefits, change your original retirement option election to name a new beneficiary, or request a "Pop-Up" increase. If so, this publication can help guide you through each process.

On the following pages is information to help you determine which benefits may be payable to your beneficiary and what forms you must file to change your beneficiary or modify your CalPERS retirement benefit. These forms include:

#### Post Retirement Lump Sum Beneficiary Designation

- You may change your lump sum beneficiary designation at any time and for any reason, see page 7.
- Please be aware that a previously filed lump sum designation is revoked if a
  life event (marriage, registration of domestic partnership, birth/adoption of a
  child or termination of a marriage or partner) happens after the designation
  is received. In this case, your lump sum benefits will be paid to your closest
  surviving family member unless you complete a new designation form.

#### Application To Modify Option And/Or Life Option Beneficiary

- Death of Retirement Option Beneficiary, see page 15
- Marriage or Domestic Partnership, see page 15
- Dissolution, Annulment, Legal Separation or Termination of Marriage or Domestic Partnership – judgment or settlement agreement must award member full interest in the CalPERS retirement benefits; see page 16

### Request For Option 2 Or 3 Pop Up Increase Due To Removal Of Your Option Beneficiary

- Death of Retirement Option Beneficiary, see page 21
- Dissolution, Annulment, Legal Separation or Termination of Marriage or Domestic Partnership – judgment or settlement agreement must award member full interest in the CalPERS retirement benefits; see page 21
- Non spouse or Non-Domestic Partner Beneficiary Disclaims Lifetime Allowance, see page 21

#### **Health Benefits**

If you have CalPERS health insurance, you must immediately notify us if you divorce, terminate your domestic partnership, or suffer the death of a spouse, domestic partner or other dependent. Failure to make timely notification can result in incorrect premium deductions from your monthly benefit.

#### Determining Your Retirement Option

If you don't remember which retirement option you chose when you retired, review your CalPERS *Retirement Application Election* or your *Notice of Benefit Approval* letter. You can also contact us about which benefits would be paid.

#### POST RETIREMENT LUMP SUM DEATH BENEFITS

#### Changing Your Beneficiary for Lump Sum Death Benefits

The death benefits paid to your beneficiary depend on the retirement option you selected when you retired and the benefits your former employer offered under its contract with CalPERS. Before you begin, you may find it helpful to determine what benefits may be payable to your beneficiary under your current retirement plan.

#### Post Retirement Lump Sum Death Benefits

The following is a list of all the lump sum death benefits that could be paid.

#### Retired Death Benefits

- \$2,000 for State, California State University, University of California, and school members (unless your school district contracted for a higher amount).
- \$500, \$600, or \$2,000 to \$5,000 for public agency members (depending on your former employer's CalPERS contract).

If you had service with more than one employer, your beneficiary will receive the highest amount available under any of the employer contracts. These amounts are subject to change by legislation or contract amendments.

If you worked under another public retirement system after leaving CalPERS-covered employment, and a similar benefit will be paid by the other retirement system, CalPERS will **not** pay the Retired Death Benefit.

If your former spouse or former domestic partner has a separate non-member account, they will not receive a Retired Death Benefit upon your death.

#### Option 1 Balance

If at retirement you elected this option, it guarantees the return of any contributions not used to pay your monthly retirement benefit. In most cases, no contributions remain after approximately 10 years of retirement, which would mean this benefit is no longer paid.

#### **Temporary Annuity Balance**

You may have elected to receive a temporary additional monthly benefit payment and specified at what age the payments would stop. If so, and you die before you reach that age, a lump sum payment for the current value of the remaining payments will be made to your designated beneficiary.

#### Option 4: Option 2W or 3W and Option 1 Combined

This option provides the return of any remaining member contributions not used to pay your benefits to you and your beneficiary. Typically, no amount is paid after approximately 10 years of retirement.

#### Lump Sum Death Benefit Beneficiary

Any lump sum death benefits will be paid to your **designated beneficiary**. However, if no valid designation is in effect at the time of your death, your lump sum death benefits are paid to your **statutory beneficiary** (the order is determined by law).

- Spouse or domestic partner; or if none,
- Children; or if none,
- Parent(s); or if none,
- Brother(s) and sisters(s); or if none,
- Your probated estate; or if not probated,
- Your trust; or if none,
- Stepchildren; or if none,
- · Grandchildren, including step-grandchildren; or if none,
- Niece(s) and/or nephews(s); or if none;
- · Great-grandchildren; or if none;
- Cousins.

#### **Events Affecting Post Retirement Lump Sum Death Benefits**

Any of the following events automatically revoke an existing beneficiary designation.

- Marriage
- Domestic partnership
- Dissolution or annulment of marriage, or termination of a domestic partnership
  (a designation filed after the initiation of one of these legal processes is not
  revoked when the legal process is finalized)
- Birth or adoption of a child.

If your beneficiary designation is revoked and there is no designation in effect at the time of your death, benefits will be paid to your **statutory beneficiary**. However, you can redesignate your previous beneficiary or name a new beneficiary by completing the *Post Retirement Lump Sum Beneficiary Designation* form provided in this publication.

#### Spouse's or Domestic Partner's Automatic Entitlement to Option 1

If you are legally married or in a domestic partnership, and you designate someone other than your spouse or domestic partner to receive this benefit, they could be entitled to their community property interest in this benefit. Their community property interest is 50 percent of the benefit for the period of CalPERS service during which you were married to your current spouse or in a domestic partnership. If you married or established a domestic partnership after retirement, your spouse or domestic partner does not have a community property interest in your death benefits.

**Note**: This Automatic Entitlement does not apply to Community Property non-member retirements.

#### **Community Property**

Your designation and benefit entitlement can be affected by a domestic relations court order that awards a community property interest in your CalPERS retirement account to your current or former spouse or domestic partner.

#### Changing Your Beneficiary

To change your beneficiary for the lump sum death benefits, complete the *Post Retirement Lump Sum Beneficiary Designation* form and, if needed, a *Justification for Absence of Spouse's or Domestic Partner's Signature* form.

Remember to clearly print the personal information requested at the top of the form. To protect you and your beneficiary from a possible legal challenge of your designation, we cannot accept a form with any corrections or erasure marks.

Check Box 1 - if your designation applies to all applicable lump sum

death benefits.	
	or

Check Box 2 - if you want to designate a different beneficiary for each lump sum death benefit payable. Make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies on each designation form.

Your primary beneficiaries will receive an equal percent of the benefit, unless you indicate otherwise. You can also designate secondary beneficiaries who would be entitled to benefits if you survive all the primary beneficiaries.

#### Naming Multiple Beneficiaries

If you want to name more than three primary beneficiaries or more than three secondary beneficiaries for one or all of the lump sum death benefits, make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies to each designation form and note under the title of the form the number and total pages included (i.e., 1 of 2, 2 of 2, etc.).

### CHANGING YOUR BENEFICIARY FOR LUMP SUM BENEFITS

#### Naming Your Beneficiary

You can change your beneficiary for the lump sum death benefits at any time. Your beneficiary can be:

- Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
- A class of next-of-kin as a group, such as your children or grandchildren.
- A corporation that is registered with the Secretary of State.
- Your estate; however, CalPERS can only pay to your estate if it is probated.
- Your trust. Provide the title and date of your trust, and the name and address
  of the person who has a copy of the document. Do not name the trustee since
  that can be subject to change.

### Completing a Post Retirement Lump Sum Beneficiary Designation

Typically a *Post Retirement Lump Sum Beneficiary Designation* form is completed by you; however, there are circumstances when your attorney-in-fact, or court-appointed conservator, can name a new beneficiary on your behalf.

An attorney-in-fact can designate a new beneficiary on your behalf under limited circumstances based on the language in the Power of Attorney document, and what relationship you share with the attorney-in-fact. A court-appointed conservator of your estate can designate a new beneficiary for you only if the court order grants them the specific authority to name a new beneficiary. Please contact CalPERS for more specific information.

If you are completing a *Post Retirement Lump Sum Beneficiary Designation* form for a CalPERS member, attach a copy of the document that grants you the authority to act on the member's behalf.

#### Required Signatures

You must sign the *Post Retirement Lump Sum Beneficiary Designation* form. Your current spouse or domestic partner must also sign it to acknowledge the action you are taking. If you are **not** legally married or in a registered domestic partnership, you should check the box in the Member's Acknowledgment section stating that you are not married or in a domestic partnership.

If you are married or in a domestic partnership and your spouse or domestic partner **does not** sign this form, you must complete and submit the *Justification for Absence of Spouse's or Domestic Partner's Signature* form with your designation form.



# Post Retirement Lump Sum Beneficiary Designation

888 CalPERS (or 888-225-7377) • TTY for Speech & Hearing Impaired: (916) 795-3240

#### **Section 1**

When completing this form, be sure to clearly **print** with a ballpoint pen or **type** your information. To make a correction, **line through the error and initial the change**. Designation forms with erasures or correction fluid will **not** be accepted.

Section 2

If you're naming more than three primary beneficiaries to share benefits, see page 6 before completing.

#### **Member Information**

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or domestic partner as beneficiary, they may still be entitled to a community property share of my lump sum contributions. My non-spouse or non-partner designated beneficiaries will receive the portion of my lump sum benefits that is not payable to my spouse or domestic partner as their community property share.

domestic partitle as their community property smale.			
			_
Name of Member (First Name, Middle Initial, Last Name)		Social Securi	ty Number
1	/		
Birth Date (mm/dd/yyyy)	Daytime Phone		
Check either Box 1 or Box 2. If you check Box 2, also ind	licate benefit type.		
I hereby designate the following person(s) who s sum death benefits payable under the Public Em			
	or		
2.    I hereby designate separate beneficiaries for the is for:	various lump sum benefits t	hat may be payable.	This designation
Retired Death Benefit	Option 1 Balance		
Temporary Annuity Balance	Option 4 - Option	1 Balance	
Primary Beneficiaries			
Name of Beneficiary (First Name, Middle Initial, Last Name)			
, , , , , , , , , , , , , , , , , , , ,			
Relationship to Member		Social Securi	tv Number
1			.,
Address			
1		1	I
City		State	ZIP
Name of Beneficiary (First Name, Middle Initial, Last Name)			
Relationship to Member		Social Securi	ty Number
		ooda occan	ty Number
Address			
City		State	ZIP
Oity		State	ZII
Name of Department of State Name of State Na			
Name of Beneficiary (First Name, Middle Initial, Last Name)			
		-	_
Relationship to Member		Social Securi	ty Number
Address			
City	·	State	ZIP

PERSBSD509P (8/08) Page 1 of 2

Put name and Social Security number at the top of every page.

Name of Member Social Security Number

#### **Section 3**

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing.

#### **Secondary Beneficiaries**

In the event I survive the person(s) named as primary beneficiary,	I hereby designate the following person(s) who survive me,
share and share alike, as beneficiaries.	
Name of Beneficiary (First Name, Middle Initial, Last Name)	
Relationship to Member	Social Security Number
Address	
City	State ZIP
Name of Beneficiary (First Name, Middle Initial, Last Name)	
Name of Deficition (First Name, who we militar, Last Name)	
Delationship to Manakan	
Relationship to Member	Social Security Number
Address	
Address	
City	State ZIP

#### **Section 4**

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

#### **Member Acknowledgement**

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation.

I understand that a designation filed **after** the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

☐ I certify under penalty of perjury that I am not legally married or in a registered (never married or in a domestic partnership, divorced or terminated, or widowed	
Signature of Member	Date (mm/dd/yyyy)

#### **Section 5**

### Spouse's or Domestic Partner's Acknowledgement

You must complete a

Justification for Absence
of Spouse's or Domestic
Partner's Signature

form if you're married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this designation form. By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or domestic partner. I also hereby state that I am the current spouse or domestic partner. If no spouse's or domestic partner's signature or certification is included, the *Justification for Absence of Spouse's or Domestic Partner's Signature* form must be completed.

Signature of Spouse or Domestic Partner	Date (mm/dd/yyyy)
Date of Marriage or Partnershin (mm/dd/yww)	

#### Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

PERSBSD509P (8/08) Page 2 of 2



## **Justification for Absence of Spouse's**

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

#### **Section 1**

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

## or Domestic Partner's Signature

Mem	ber Information	
Name of	Member (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
must b	ant to Government Code Section 21261, the member's one made aware of the selection of benefits or change of the partner of a CalPERS member must acknowledge the of retirement optional settlement, and designation of	of beneficiary made by a member. The spouse or e submission of: a request for refund of contributions
docun	oouse or registered domestic partner's signature d nents, the following information must be complete eation for retirement.	
Select	either 1 or 2 and indicate specifics:	
1. 🗌	By checking this box, you indicate that you are not le because:	gally married or in a legal domestic partnership
	$\hfill \square$ Never married or never in legal domestic partners	hip.
	☐ Divorced/marriage annulled or domestic partners	nip terminated
	☐ Widowed	
2. 🗆	By checking this box, you indicate that you are marrie spouse or domestic partner did not sign this form bed	
	$\hfill \square$ You do not know and have taken all reasonable stor domestic partner.	eps to determine the whereabouts of your spouse
	☐ Your spouse or domestic partner has been advise acknowledgment.	d of the application and has refused to sign the
	☐ Your spouse or domestic partner is incapable of e incapacitating mental or physical condition.	xecuting the acknowledgment because of an
	$\hfill \square$ Your spouse or domestic partner has no identifiable	le community property interest in the benefit.
	☐ Your spouse or domestic partner and you have exagreement that makes the community property la	
Infor	mation Certification	
You he	ereby certify under the penalty of perjury that the foreg	oing information is true and correct.
		1
Signatur	e of Member	Date (mm/dd/yyyy)

Mail to:

Section 2

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

#### POST RETIREMENT MONTHLY BENEFITS

#### Monthly Benefit Options

In addition to lump sum death benefits, the following benefits are available from CalPERS under Options 2, 2W, 3, 3W, or 4, which upon your death will provide your beneficiary or beneficiaries with a monthly benefit.

#### Option 2 or 3

If you elected one of these options on or after January 1, 1990, and your designated beneficiary dies, you obtain a dissolution, legally separate, terminate your domestic partnership, or obtain an annulment from your spouse or domestic partner beneficiary who has no community property interest, or if your non-spouse or non-domestic partner beneficiary disclaims entitlement to the monthly allowance, you can receive an increase to your allowance, and your beneficiary would no longer be entitled to a monthly benefit. This is known as a "Pop-Up" increase.

#### Option 2W or 3W

The "W" indicates "without Pop-Up increase." That means if your beneficiary dies or your non-spouse beneficiary disclaims the benefit, your benefit will not increase. If your beneficiary was your spouse or registered domestic partner and you get a dissolution, legally separate, terminate your domestic partnership, or obtain an annulment, your benefit will not increase and your former spouse or partner would still be entitled to a monthly death benefit.

However, if the court awards you 100 percent interest in your CalPERS account, you can remove your former spouse or partner so they will not receive a monthly benefit upon your death. To do so, you need to send us a letter asking that your former spouse or partner be removed as your option beneficiary. You must include with your letter, a copy of the court order showing that you have full interest in your retirement account and mail both to: CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711.

#### Option 4

Option 4 allows you to customize your retirement benefit or to name more than one beneficiary for a monthly benefit. There is no provision under any Option 4 for your allowance to Pop-Up to the Unmodified Allowance. If you are interested in an Option 4, you must **first** review the CalPERS publication *Retirement Option 4* for information on the Option 4 types available. Then indicate the Option 4 choice on your application.

Election Prior to January 1, 1990

If you elected Option 2 or 3 prior to January 1, 1990, your election is now referred to as Option 2W or 3W.

### Survivor Continuance for Domestic Partners

If you're in a registered domestic partnership now, but were living in an "unofficial" domestic partnership more than one year before you retired and before it was possible to register as domestic partners, your partner may qualify for Survivor Continuance. Or, if you elected a lifetime option and named your partner as beneficiary, you may be entitled to an increase instead of Survivor Continuance. To find out more, contact us for an Affidavit of Domestic Partnership for Survivor Continuance form.

#### Survivor Continuance

In addition to Option 2, 2W, 3, 3W, or 4, this benefit may be payable if your former employer contracted to provide it. Survivor Continuance is an employer-paid monthly benefit payable to an eligible survivor.

#### **Eligible Survivors**

- A spouse you were married to one year prior to your retirement, and continuously until your death.
- If you retired as a result of a disability, a spouse you were married to at retirement, and continuously until your death.
- A domestic partner, if the partnership was established one year prior to your retirement, and continuously until your death.
- If you retired as a result of a disability, a domestic partnership that was established at retirement, and continued until your death.
- Unmarried children under age 18, or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders them incapable of gainful employment.
- An economically-dependent parent.

The Survivor Continuance benefit is provided by law and you **cannot** designate a new beneficiary to receive this benefit, **nor** can you disinherit an eligible survivor.

**Note:** The Survivor Continuance benefit does not apply to Community Property non-member retirements.

### CHANGING YOUR RETIREMENT OPTION OR LIFE OPTION BENEFICIARY

#### Qualifying Events

You can modify your current retirement option and name a **new** beneficiary for a lifetime option benefit **only** after a qualifying event, and provided your current lifetime option beneficiary is not a former or legally separated spouse or domestic partner with a community property interest in your CalPERS retirement.

**Note:** You cannot name a corporation, your estate or your trust as a lifetime option beneficiary. The following events let you modify your benefit or retirement option.

#### Death of Retirement Option Beneficiary

*Elected Unmodified Allowance or Option 1* – The death of your beneficiary is not a qualifying event.

*Elected Option 2, 2W, 3, 3W, or 4* – You can change your election of the Option 2, 2W, 3, 3W, or 4 to another option other than the Unmodified Allowance and name a new beneficiary.

#### Marriage or Domestic Partnership

*Elected Unmodified Allowance* – You can change your election of the Unmodified Allowance to an Option 1, 2, 2W, 3, 3W, or 4, and name your current spouse or domestic partner as beneficiary.\*

*Elected Option 1* – You can modify your Option 1 to an Option 2, 2W, 3, 3W, or 4 and name your current spouse or domestic partner as beneficiary.\*

*Elected Option 2, 2W, 3, 3W, or 4* – If you have a former spouse or domestic partner and they are not the Option 2, 2W, 3, 3W, or 4 beneficiary, you can modify your election to an Option 1, 2, 2W, 3, 3W, or 4 and name your current spouse or domestic partner as beneficiary.

If you named someone as your beneficiary for a lifetime option benefit and then later marry or enter into a domestic partnership with that same person, this is not a qualifying event since that person is already your lifetime option beneficiary.

If your former spouse or domestic partner is your beneficiary, see the Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership section for information on modifying your allowance, or retirement option.

#### It's Important to Note

Changing your option after retirement reduces your current benefit.
The amount of your reduction depends on your age and the age of your new beneficiary at the time of your election.
Modifying your option is also referred to as a "recalculation of option."

<sup>\*</sup> You can change from the Unmodified Allowance or Option 1 even if your marriage or domestic partnership registration happened before you retired.

#### Non-Member

You do not need to be awarded total interest in your CalPERS benefit to request a change to your option or beneficiary.

#### California Domestic Partner Rights & Responsibilities Act

This law extends the rights and duties of marriage to persons registered as domestic partners on and after January 1, 2005. The effective date of this State law will be used as the qualifying event date for domestic partnerships entered into prior to January 1, 2005.

### Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership

*Elected Unmodified Allowance or Option 1* – This is not a qualifying event.

Elected Option 2, 2W, 3, 3W, or 4 – If your former or legally separated spouse or domestic partner is your Option 2, 2W, 3, 3W, or 4 beneficiary and your dissolution, legal separation judgment, or termination of domestic partnership judgment dividing your community property awards you the entire interest in your CalPERS retirement benefit, your beneficiary can be changed and you can modify your election to an Option 1, 2, 2W, 3, 3W, or 4, and name a new beneficiary.

If your former or legally separated spouse or domestic partner is your Option 2, 2W, 3, 3W, or 4 beneficiary and your dissolution, legal separation judgment or termination of domestic partnership judgment dividing your community property **does not award** you the entire interest in your CalPERS retirement benefit, they **cannot** be removed as the beneficiary.

#### Non-Spouse or Non-Domestic Partner Beneficiary Disclaims Lifetime Allowance

Elected Unmodified Allowance or Option 1, 2, 2W, 3, 3W, or 4 – Regardless of what option you chose, a disclaimer signed by your non-spouse or non-domestic partner beneficiary is not a qualifying event to change your option. This disclaimer allows them to give up their entitlement to your CalPERS benefits.

#### How To Change Your Option or Life Option Beneficiary

To change your option or to name a new beneficiary for a lifetime option benefit, you must complete and submit the *Application to Modify Option and/or Life Option Beneficiary* form.

You'll also need to provide documents that prove the qualifying event took place and to confirm your new beneficiary's age. Be sure to write your Social Security number on each document submitted.

- For a beneficiary's death, a copy of the certified death certificate is required.
- For a marriage, a copy of your certified marriage certificate is required.
   (If your new beneficiary's name on the marriage certificate is different from the name on their birth certificate, documents establishing name continuity may be required.)
- For a domestic partnership, a copy of the Declaration of Domestic
  Partnership issued by the California Secretary of State, or other document
  confirming the legal registration or establishment of a domestic partnership,
  is required.
- For a termination of domestic partnership, a copy of the Legal Termination
  of Domestic Partnership or a copy of the "endorsed-filed" judgment
  of dissolution or legal separation, and the entire text of any settlement
  agreement or other court order that divides the community property, are
  required.
- For a divorce or legal separation of marriage, a copy of the "endorsed-filed" judgment and the entire text of any marital settlement agreement or other court order that divides the community property are required.
- For an annulment of marriage or dissolution of domestic partnership, a copy of the "endorsed-filed" judgment is required.
- If you name a new beneficiary to receive a monthly benefit, a copy of the new beneficiary's birth certificate is required. If it is not available, contact CalPERS for a list of other documents that are acceptable for verification of your new beneficiary's birth date.

Within 60 days after CalPERS has received your application and the necessary documentation, we will mail you the *Modification of Original Election at Retirement* document with your recalculated retirement allowance choices. The election document must be returned to us by the date indicated. If not, CalPERS will cancel your request to change your option.

### Your Important Documents

You should never send the original of your personal documents, such as a marriage or death certificate. Only send copies and keep the originals for your records.

#### Your Health Coverage

If you have CalPERS health insurance, you must immediately notify us if you divorce, terminate your domestic partnership, or suffer the death of a spouse, domestic partner or other dependent.

Failure to make timely notification can result in incorrect premium deductions from your monthly benefit.

#### Effective Date for Your Retirement Option Change

If you make an election to change your option within 12 months of the qualifying event, the effective date is the first day of the month following our receipt of your completed election document. You and your new beneficiary must be alive on the effective date.

If you make an election to change your option more than 12 months after the qualifying event, the change will not be effective until 12 months after the election is made. You and your beneficiary must be alive on the **deferred** election effective date.

### Insurance Coverage for Your New Spouse or Domestic Partner

When considering a change to your retirement option, remember that continuation of health or dental insurance coverage for a new spouse or domestic partner depends on your election of an option that provides them with a monthly benefit, and their enrollment as a dependent in your plan at the time of your death.

To add new family members to your health plan, use the CalPERS *Health Benefits Plan Enrollment for Retirees* which you can find on our website or you can contact us for a copy.



## **Application to Modify Option and/or Life** Option Beneficiary 888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

	Name of Member (First Name, Middle Initial, Last Name)		Social Security Number
Section 1	Qualifying Events for Modification	<u> </u>	
See page 15 for additional information and instructions.	You can change your benefit option or life option b that applies.	eneficiary <b>only</b> if one of the follow	ing events occurs. Indicate the event
	$\ \square$ Death of current life option beneficiary (pro	vide copy of the certified death cer	rtificate)
Please submit a copy			
of appropriate legal document, such as	Name of Beneficiary (First Name, Middle Initial, Last Name)		Date of Death (mm/dd/yyyy)
certified death certificate,	☐ Marriage (provide copy of marriage certificate	:)	
marriage certificate,	Name of Spouse (First Name, Middle Initial, Last Name)		Date of Marriage (mm/dd/yyyy)
certificate of domestic	Name of Spouse (First Name, Middle Initial, Last Name)		Date of Marriage (IIIII/dd/yyyy)
partnership, or the	☐ Establishment of domestic partnership (pro	vide copy of certificate of domestic	c partnership)
endorsed-filed court order			
with this application.	Name of Domestic Partner (First Name, Middle Initial, Last N	ame)	Date Registered (mm/dd/yyyy)
	Divorce, annulment, or legal separation from (provide copy of the endorsed-filed court order	r)	our life option beneficiary
	☐ divorce ☐ annulment	$\square$ legal separation $\Box$	Date Effective (mm/dd/yyyy)
	☐ Dissolution or termination of domestic part life option beneficiary (submit a copy of the €	endorsed-filed court order)	er ex-domestic partner who is your
Section 2	New Beneficiary Information		
Complete new beneficiary information	 Name of New Beneficiary (First Name, Middle Initial, Last Na	me)	Social Security Number
and submit a copy of		Relationship to You	
their birth certificate.			
Section 3	Option 4 Types		
We will provide Options 1,	You must first review CalPERS publication Retire	ment Option 4.	
2, 2W, 3, and 3W. If these	☐ Option 2W & Option 1 Combined	Option 3W & Option	n 1 Combined
do not meet your needs, you can request one of the	Specific Percentage to Beneficiary	% 🔲 Specific Dollar Amo	ount to Beneficiary \$
approved Option 4	☐ Reduced Allowance	age	Amount
types shown.	Percentage or Dollar An	through	Date (mm/dd/yyyy)
	☐ Multiple Lifetime Beneficiaries		
	 Name of Beneficiary (First Name, Middle Initial, Last Name)		 Birth Date (mm/dd/yyyy)
	Name of Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
	Name of Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
	☐ Reduced Allowance Upon Death of Member	or Beneficiary \$	
Mail to:	CalPERS Benefit Services Division • P.O.		ifornia 94229-2711

Put name and Social Security number at the top of every page.	Name of Member			 Social Security Number
Section 4	Survivor Continu	ance		
your spouse or domestic partner is your eligible survivor, you must submit a copy of your marriage certificate or certificate of	I currently have an eligible  Name of Survivor (First Name,  Birth Date (mm/dd/yyyy)	•	led to the Survivor Continuance bene         Date of Marriage or Domestic Partr	 Social Security Number
domestic partnership.	Birtii Date (iiiiii/uu/yyyy)	nerationship to fou	Date of Mainage of Dollieshic Fath	lersinp (inini/du/yyyy)
Section 5	Certification of N			
	beneficiary(ies). I furthe	er understand that my new ction form is submitted to	ction form to modify my option and option/beneficiary change will not CalPERS. I hereby certify under pe	be processed until the

Date (mm/dd/yyyy)

Business Phone Number

Signature of Member

( ) Home Phone Number

Mail to:

#### REQUESTING AN OPTION 2 OR 3 POP-UP INCREASE

#### Eligibility

If you elected the Option 2 or 3 benefit **on or after January 1, 1990**, your benefit can increase to a higher benefit if one of the following events occurs.

- · Your beneficiary dies.
- Your Option 2 or Option 3 beneficiary is your spouse or domestic partner
  and you obtain a dissolution of marriage or domestic partnership, annulment,
  legally separate, or terminate your domestic partnership, and you provide
  CalPERS with a copy of the judgment that awards you the entire community
  property interest in your benefits.
- Your non-spouse or non-domestic partner beneficiary waives entitlement
  to the Option 2 or Option 3 benefit by completing a Non-Spouse or NonDomestic Partner Disclaimer of CalPERS Benefits form. You must check the
  box in Section 3 on the Request for Option 2 or 3 Pop-Up Increase form to
  have the disclaimer form mailed for you.

Generally, the Option 2 and 3 elected prior to January 1, 1990, provided for a lifetime reduction. However, if one of the three events listed above occurred less than 10 years after your retirement date, your benefit can be increased to an actuarial equivalent of the Unmodified Allowance. If one of the events occurred more than 10 years after your retirement date, you are not entitled to an increase.

To request an increase, complete and submit the *Request for Option 2 or 3 Pop-Up Increase* form.

#### Pop-Up Effective Date

#### **Beneficiary Death**

Your benefit will increase effective the first of the month following your beneficiary's month of death.

### Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership

Your benefit will be increased effective the first day of the month following our receipt of the legal documentation awarding you total interest in your CalPERS benefit regardless of the effective date of the event.

#### Non-Spouse or Non-Domestic Partner Beneficiary Disclaimer

Your beneficiary must sign a *Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits* form that you can request from CalPERS. The signature must be notarized and returned to us for approval.

Within 60 days after CalPERS has received your application and the necessary documentation, your retirement allowance will be adjusted to reflect the increase in benefit.

#### Non-Member

You do not need to be awarded total interest in your CalPERS benefit to request a Pop-Up increase.

#### **Need More Help?**

If you have questions or need further information about changing your beneficiary or monthly benefit, please contact us at 888 CalPERS or (888-225-7377).



### **Request for Option 2 or 3 Pop-Up Increase**

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Section 1	Member & Beneficiary Information	
Provide your full name and address and your current beneficiary information.	Name of Member (First Name, Middle Initial, Last Name)	Social Security Number
beneficiary information.	Address	 State ZIP
	Current Option 2 or 3 Beneficiary	
	Name of Beneficiary (First Name, Middle Initial, Last Name)	1
	Relationship to You	Date of Retirement (mm/dd/yyyy)
Section 2	Qualifying Events	
See page 15 for more information.	Eligibility for Option 2 or 3 "Pop-Up" increase is based on one of the following Indicate the event that applies.	events.
Please submit a copy of appropriate legal	☐ Death of current life option beneficiary (provide copy of the certified death ce	ertificate)
document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or endorsed-filed court order with this application.	Name of Beneficiary (First Name, Middle Initial, Last Name)  Divorce, annulment, or legal separation from spouse or ex-spouse who is provide copy of the endorsed-filed court order).  divorce annulment legal separation	Date of Death (mm/dd/yyyy) your life option beneficiary
	☐ Dissolution or termination of domestic partnership from domestic partner of life option beneficiary (submit a copy of the endorsed-filed court order).	Date Effective (mm/dd/yyyy)
Section 3	Disclaimer of Benefit Request	
	☐ Check here to have CalPERS send you a <i>Non-Spouse or Non-Domestic If Benefits</i> form. Your non-spouse or non-domestic partner beneficiary can be to your option benefit. The form must be returned to CalPERS with your be and be approved by CalPERS before your monthly benefit amount is increased.	voluntarily disclaim entitlement neficiary's notarized signature
Section 4	Certification of Member	
	I hereby certify under penalty of perjury that the foregoing information is true and co	orrect.
	Signature of Member	Date (mm/dd/yyyy)
	Daytime Phone Evening Phone	

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

#### BECOME A MORE INFORMED MEMBER

#### CalPERS On-Line

Visit our website at www.calpers.ca.gov for more information on all your benefits and programs.

#### Reaching Us By Phone

Call us toll free at **888 CalPERS** (or **888**-225-7377). Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: For Speech & Hearing Impaired (916) 795-3240

#### my|CalPERS

Stay informed and be in control of the information you want and need — with mylCalPERS!

mylCalPERS is the personalized and secure website that provides all your retirement, health, and financial information in one place. Take advantage of the convenience of 24/7 access to learn more about CalPERS programs and services that are right for you in your career stage. With mylCalPERS, you can:

- · Get quick and easy access to all your account information.
- · Manage and update your contact information and online account profile.
- Access information about your health plan and family members enrolled in your plan.
- See all the information you need to make health plan decisions.
- · View, print, and save online statements.
- Go "green" by opting out of receiving future statements by mail.
- Use financial planning tools to calculate your retirement benefit estimate, estimate your service credit cost, and even request a staff-prepared retirement estimate.
- Check statuses of requests to purchase service credit or applications for disability retirement.
- Keep informed with CalPERS News so you don't miss a thing.

#### CalPERS Education Center

mylCalPERS is your gateway to the CalPERS Education Center. Whether you're in the early stages of your career, starting to plan your retirement, or getting ready to retire, visit the CalPERS Education Center to:

- Take online classes that help you make important decisions about your CalPERS benefits and your future.
- · Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Browse our retirement fair schedule.
- Make a personal appointment with a retirement counselor.

Log in today at my.calpers.ca.gov.

#### Visit Your Nearest CalPERS Regional Office

#### Visit the CalPERS website for directions to your local office.

Monday to Friday, 8:00 a.m. to 5:00 p.m.

#### Fresno Regional Office

10 River Park Place East, Suite 230 Fresno, CA 93720

#### Glendale Regional Office

Glendale Plaza 655 North Central Avenue, Suite 1400 Glendale, CA 91203

#### Orange Regional Office

500 North State College Boulevard, Suite 750 Orange, CA 92868

#### Sacramento Regional Office

Lincoln Plaza East 400 Q Street, Room E1820 Sacramento, CA 95811

#### San Bernardino Regional Office

650 East Hospitality Lane, Suite 330 San Bernardino, CA 92408

#### San Diego Regional Office

7676 Hazard Center Drive, Suite 350 San Diego, CA 92108

#### San Jose Regional Office

181 Metro Drive, Suite 520 San Jose, CA 95110

#### Walnut Creek Regional Office

1340 Treat Blvd., Suite 200 Walnut Creek, CA 94597

#### INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.



400 Q Street P.O. Box 942701 Sacramento, CA 94229-2701

**888 CalPERS** (or **888**-225-7377) www.calpers.ca.gov

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